



CONGREGATION EMANU-EL EPI-PEN FORM

ALLERGY INFORMATION AND EPI-PEN AUTHORIZATION

Child's Name: _____ Birth Date: _____

Allergens

My child is allergic to (specify which foods):

To date, is the allergy only if the food is ingested? ___Yes___No; if no, please explain:

Other allergens (i.e. insect bites, etc.):

Symptoms

Please check off all symptoms that indicate that your child has come in contact with an allergen and requires emergency treatment:

___Shortness of breath/Difficulty breathing ___Vomiting ___Diarrhea

___Swelling of the face or lips ___Hives

___Other signs and symptoms if your child is in distress:

Procedure

As soon as a child shows signs of having an allergic reaction the Religious School will attempt to contact the parent or legal guardian. Please indicate all additional steps and the order in which they should be taken by putting a number (1 indicating the first step) in front of the action listed:

___Give Benadryl ___Administer Epi-Pen

___Other: outline the steps of what should happen if your child is in distress (if different than above), including other medications that need to be taken (feel free to attach additional pages if you need more room):

Note that in the event that an Epi-Pen is administered, the Temple will automatically call 911.

Medication

Please indicate which medications your child carries:

___Epi-Pen Jr. ___Regular Epi-Pen ___Benadryl ___Other: _____

EPI-PEN AUTHORIZATION

We, the parent(s) or legal guardian(s) of _____ (the “Student”), agree that designees of Congregation Emanu-El of the City of New York (“Emanu-El”) are authorized to administer the Epi-Pen and Benadryl carried by the Student in accordance with the provisions below.

1. Until revoked in a written notice to Emanu-El, we give continuing permission to Emanu-El designees to provide the Student Benadryl and/or to administer the Epi-Pen to the Student if it appears to them that the Student is in need of either one. We acknowledge that the designees will be non-medical personnel and that they will use their best lay judgment in determining whether Benadryl and/or an injection is advisable.

2. We acknowledge that the Student’s Epi-Pen must be in its original container with appropriate label intact and accompanied by a copy of the original doctor’s prescription.

3. We acknowledge that an Epi-Pen injection may require calling 911 on behalf of the Student.

4. We release Emanu-El, as well as its officers, directors, employees, designees and agents, from any and all liability arising out of or in connection with the decision to administer epinephrine to the Student, the administration of epinephrine to the Student, or the decision not to administer epinephrine to the Student, except to the extent of the gross negligence or intentional misconduct of Emanu-El or its designee.

5. We agree to indemnify and hold harmless Emanu-El, as well as its officers, directors, employees, designees and agents, from and against any and all liability, damage, claim, demand, cost and expense (including, without limitation, reasonable attorney’s fees) arising out of or in connection with any claim arising from the use or non-use of Benadryl or an Epi-Pen for the Student barring your gross negligence or intentional misconduct, except to the extent of the gross negligence or intentional misconduct of Emanu-El or its designee.

Students are expected to carry their own Benadryl or Epi-Pen(s) with them at all time when they are at school programming. It is recommend putting the Epi-Pens in a separate pocket of a backpack or in a small bag. Students carrying Epi-Pens will also carry two plastic bags together with the pen, so that if it is ever used it can be safely packaged and provided to the paramedics. Students in grades PreK-2 may request their teacher to carry their Epi-Pens for them. Epi-Pens MAY NOT be left at Emanu-El.

AGREED TO AND ACCEPTED BY:

Print Name: _____

Parent/Guardian Signature: _____

Date: _____

Print Name: _____

Parent/Guardian Signature: _____

Date: _____